

02/24/00

02-25-00

A/RE

Please type a plus sign (+) inside this box ☐

Approved for use through 09/30/2000, OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

JCS11 J.S. PTO
09/01/2894

02/24/00

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	33/759
First Named Inventor	Oberth
Original Patent Number	5,733,062
Original Patent Issue Date (Month/Day/Year)	3/31/98
Express Mail Label No.	EL130694771US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)

or



Ribboned Original Patent Grant



Affidavit/Declaration of Loss (PTO/SB/55)

6. Original U.S. Patent currently assigned?



Yes



No

(If Yes, check applicable box(es))



Written Consent of all Assignees

37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ *Small Entity Statement filed in prior application, Status still proper (PTO/SB/09-12) and desired
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ Other: Request for Transfer of the Drawings and Associate Power of Attorney

*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

(Insert Customer No. or Attach Bar Code Label Here)



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Signature

Date

2/24/00

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

33/759

Claims as Filed – Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(i))	(B) 20	0	x \$_____ =		or	x \$0=	0
(C) 2	Independent Claims (37 CFR 1.16(j))	(D) 2	0	x \$_____ =			x \$0=	0
Basic Fee (37 CFR 1.16(h))					\$ 345			\$690
Total Filing Fee					\$		OR	\$690

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	148	MINUS	20	=128	x\$9=		or	x\$18=	2304
Independent Claims (37 CFR 1.16(i))	6	MINUS	2	=4	x\$39=			x\$78=	312
First Presentation of Multiple Dependent Claim				=1	x\$130=			x\$260=	260
Total Additional Fee					\$		OR	\$2876	

*If the entry in (D) is less than the entry in (C), Write "0" in column 3.

**If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

***After any cancellation of claims

****If "A" is greater than 20, use (B-A); if "A" is 2 or less, use (B-20).

*****"Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. 23-1925 in the amount of \$
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any over payment to Deposit Account No. 23-1925.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$3,566 to cover the filing/additional fee is enclosed.

2/24/00

Date

Signature of Applicant, Agent or Agent of Record

Joseph F. Hetz

Typed or Printed Name